

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>8/17/05</u>		2 Serial/Patent # <u>10/527,818</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$							
		8 TO BE REFUNDED BY:									
		Treasury Check									
		Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">3</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">3</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">2</td></tr></table>			1	3	--	3	4	0	2
1	3	--	3	4	0	2					
10 REASON:											
	Overpayment										
	Duplicate Payment										
	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME:		TITLE:									
SIGNATURE:		PHONE:									
OFFICE:		<small>Repln. Ref: 08/18/2005 BCAMPBEL 0014444000</small> <small>***** Name/Number: 10527818 *****</small> <small>***** FC: 9204 ***** \$100.00 CR *****</small>									
THIS SPACE RESERVED FOR FINANCE USE ONLY:											
APPROVED:		DATE:									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*